

RECEIVED COMM. OF ELECTIONS 2001 JAN 19 A 9:07

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Centra	Dilawan	Almou	et Club
Account Number:		_	Date of t	this Report: 1/19/07
REPORTING PERIOD:	FROM:	10 30 00	_ TO:	12/3/106
Check the box that applies t	o this report:			
Primary Election	□ 8-DAY	☐ 30-DAY		Office:
General Election	□ 8-DAY	□ 30-DAY		
Other Election	□ 8-DAY	☐ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Or	ganization Closing		Closing Date:
regulations regarding Camp	aign Finance a	and the election proces	in the St	is accurate and correct. I agree to abide by all rules and tate of Delaware. I understand that representatives from information provided on this report.
Darlin E Cx				1)19107
TREASURER SIGNATURE				DATE
CANDIDATE SIGNATURE		·		DATE



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT	#: REPORTING PERIO	OD: 10/30/04 -	10/31/06
			FROM	то
1.		NING BALANCE g Balance from last reporting period)	*	F2,140.85
2.	RECEI	PTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	(S85, ev
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS	i	
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED	8 	9
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENT	TS RECEIVED	· ·
	E. 8	SUBTOTAL (Total of A, B, C, D)	2 	885.00
3.	EXPEN	DITURES:		
	F.	SCHEDULE B – TOTAL EXPENDITURES	4	1,408.59
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES		9
	н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS		8
	1.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENT	TS PAID	8
	J.	SUBTOTAL (Total of F, G, H, I)		1.488.59
		¥		
4.		G BALANCE ling Balance plus 2E, minus 3J)	**	1.667.26
5.	VALUE	OF NON-CASH ASSETS (From Schedule F)		ρ
6.	VALUE	OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)	-	ρ
7.	VALUE	OF LOANS AT END OF PERIOD (Loan Balance from Schedu	lle D-2)	0
8.	CLOSE	OUT BALANCE (Must equal zero if Committee closed)	\$	1,617.26 (8/617.26)
	Campaign	Finance Section Page 2 of 11	Fir	nancial Reports (07/04)



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	RI	EPORTING PERIOD:	10 31 00 - FROM	oblislad TO
			FROM	TO
ver \$50. No eriod, each	eceipts over \$100 for the reporting period. OTE: If you receive funds from the same pitem must be listed if the aggregate amount IN EXCESS OF \$100:	erson or organization several times du	iring the reporting	
Date	Contributor	Contributor	Aggregate	Amount
Received	Name	Mailing Address	Amount	Received
2996	XMAS Dinau Tickets		\$ 885,00	\$ 885.00
				-
				-
				-
				_
				-
		av variable to the second		-
				
				
				-
OTAL RE	CEIPTS IN EXCESS OF \$100			\$ 885.00
OTAL RE	CEIPTS NOT IN EXCESS OF \$100			\$ 885.00
				v
DAND TO	OTAL RECEIPTS			

THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

\$ 885.00



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:		REPORTING PERIOD: \0\3\\0	14 - 12/3/101.	
			FROM	то
of the amount must be liste	nt. NOTE: IF you expend funds to the	g period. All expenditures to Political Comr same person or organization several times d 0, even if the individual amounts are not.	mittees must be itemized, r during the reporting period,	egardless each item
Date	Payee	Payee	Aggregate	Amount
Expended	Name	Mailing Address	Amount	Expended
12/8/06	Tomory O'Weill		100.00	100.00
	Friends for Jody Sween lay Court	Carodo, De 19934	400,00	400.00
12/29/06	fizmdili's	Dave On 19901	780,00	780.00
TOTAL EN	DENDITUDES IN EVORSE OF SIG	A		* 1 · 2 ·
TOTALEX	PENDITURES IN EXCESS OF \$10	U		\$ 1980.00
TOTAL EX	PENDITURES NOT IN EXCESS O	F \$100		128.59

GRAND TOTAL EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #:	F	EPORTING PERIOD:	10/31/00 - 12 FROM	131106
			FROM	то
NOTE: If you rece each item must be N-KIND CONTI	ive in-kind contributions from the solution if the aggregate amount is of RIBUTIONS IN EXCESS OF \$10		uring the reporting period, e not.	
Date Date	Contributor Contributor	T VALUE LESS ANY PAYMENTS YOU MADE Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
				0
	CONTRIBUTIONS IN EXCES CONTRIBUTIONS NOT IN EX			0
	IN-KIND RECEIPTS JLD ALSO APPEAR ON PAGE 2, A21ST	ATEMENT OF ACCOUNT BALANCE, ITEM 21	3)	2



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

CCT#:	-	REPORTING PERIOD:	10 31 00 - 12): FROM	31106
			FROM	TO
OTE: If you pay in ich item must be li	n-kind expenditures to the same sted if the aggregate amount is DITURES IN EXCESS OF \$16	e or less than fair market value in excess of person or organization several times during over \$100, even if the individual amounts to: KET VALUE LESS ANY PAYMENTS YOU RE	ng the reporting period, are not.	TES)
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expende
				R
737			The state of the s	
				CHEST ST.
1				
		- VIII -		
OTAL IN-KIND	EXPENDITURES IN EXCES	S OF SIM		75
OTAL IN-KIND	EAI EMDITURES IN EACES	3 01 3100		0

GRAND TOTAL IN-KIND EXPENDITURES

THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



ACCT#:	-	REPORTING PERIOD:	10/31/06 - 15/31/06 FROM		то
		RIOD should be itemized on this schedule. NOTE: These loans must			
	IN EXCESS OF S50:				
Date Received	Lender Name and Malling Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
	The state of the s				9
TOTAL LOANS RE	CEIVED EIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT	OF ACCOUNT BALANCE, ITEM 2C)			Q



Date	CESS OF \$50: Lender Name	Endorser Name	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balan
eceived	and Mailing Address	and Mailing Address	of Security	Rate	Loan Amount	Made	Datan
-							0
-					-		
-+					-		-
+					-		-
							MINISTER STATE
-							-
\rightarrow							- Commenter

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)

Pelaware PECLIONS one vote that started a railon SCHEDULE E - EXPENSE REIMBURSEMENTS

l expense reimburse	ments received by you and paid by you must be itemized				
Date	S RECEIVED (Monies paid to you as reimbursement Reimburser Name	for expenses you incurred.) Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
İ					9
					0
1					
					4
	1				
EIMBURSEMENTS RI	SEMENTS RECEIVED ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE TS PAID (Monies paid by you to reimburse others for	expenses they incurred.)			9
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description	Activity	Total Expense Amount	
EIMBURSEMENTS RI	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE TS PAID (Monies paid by you to reimburse others for	expenses they incurred.)	Activity Date	Total Expense Amount	Reimbursement Paid
IMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			Reimbursement Paid
IMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS RI	S PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			



ACCT#:		REPORTING PERIOD:	Jack
ACCI II.		REPORTING PERIOD: 10 3 0 - /e	OM T
Itemize all non-cash asse		d for by the organization, lent to the organization and contribute	ed to the organization.
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			8
			- A.
3			
			+
E			
		<u> </u>	
			1
	2		
TOTAL ASSET VALUE			(X)
TOTAL ASSET VALUE SHO	OULD ALSO APPEAR ON PAGE 2, STATEMENT OF A	ACCOUNT BALANCE, ITEM 5)	



ACCT#:		REPORTING PERIOD:	ar - interpor
	Ť	101-11	FROM TO
Itemize all non-cash asset	ts disposed of, transferred or sold by the organization	ion during the reporting period.	
ALL NON-CASH ASSE	Description Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
			0
		1	
		 	_
		1	_
	-		

TOTAL ASSETS ELIMINATED

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)